

Rhode Island Department of Environmental Management

Office of Boat Registration & Licensing

235 Promenade Street Room 360

Providence RI 02908-5767

(401) 222-6647 TDD (401) 222-4462

RESIDENT MARINE LICENSE APPLICATION

Applicant ID: _____ Office Use only

Applicant Mailing Address

Residence Address (Cannot be a PO Box)

Name: _____

Street: _____

City: _____ RI 02 _____

DOB: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

RI Drivers License #: _____

Street: _____

City: _____ RI 02 _____

Occupation: _____

Has your commercial fishing license and/or permit been revoked or suspended in any state or jurisdiction?

☐ Yes ☐ No (Check One)

***** (APPLICATION MUST BE RECEIVED NO LATER THEN 02/28/2005) *****

Renewal Grace Period with \$200.00 Late Fee March 1, 2005 – April 29, 2005 – Does Not

Apply to New License Applicants – Renewal Licenses Only

The information below is REQUIRED in order to issue your license

<u>Gear Type</u>	<u>Non-binding</u> For Informational purposes ONLY Please check all that apply	Available Licenses		
Rod & Reel		Commercial Fishing License		\$50.00
Fish Pot		Endorsements		
Lobster Pot		Please Check applicable	Description	Additional Fee each
Bullrake			Non Quahog Shellfish	\$25.00
Other (Please specify)			Non Lobster Crustacean	\$25.00
			Non Restricted Finfish	\$25.00
		Total:		\$
		Student Shell Fish License (Quahog Only) Must provide written proof of full time status & be no older than 23 yrs as of 02/28/2005		\$50.00
		Over 65 Shellfish License (Quahog Only) Must be 65 yrs + as of 2/28/2005		\$ 0.00

- Check s payable to RI DEM & mail or deliver to address above
- Must submit Taxpayer Certification pursuant to RI GL § 5-76 and 31-3 along with application for marine license
- Vessels engaged in Commercial Fishing must be declared on a Commercial Vessel Declaration Application
- Notary Public signature required for new license applicants only

RIGL §20-1-3(8) "Resident" means an individual who has had his or her actual place of residence and has lived in the state of Rhode Island for a continuous period of not less than six (6) months.

Under penalty of perjury I declare I am a Rhode Island resident and the information contained herein is true and accurate:

Signature: _____ Date: _____ Telephone # _____

Notary Public _____ Comm. Exp. _____